

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ Psychology
☐ Practicum
☐ Clerkship/Internship
☐ Externship
☒ Social Work
☐ Specialization: _____
☒ Macro/Administrative
☐ MFT
☐ Occupational Therapy
☐ Other (specify): _____

Service Area

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DMH Agency:	Children's System of Care-MHSA Administration
DMH Agency Address:	600 S. Commonwealth Ave., 6 th Floor Los Angeles, CA 90005
Agency Liaison:	Kanchana Tate
New or Returning	<input checked="" type="checkbox"/> New <input type="checkbox"/> Returning
Liaison Email Address:	ktate@dmh.lacounty.gov
Liaison Phone Number:	(213)739-5481
Liaison Fax Number:	(213)252-0238
Agency ADA Accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	1
Beginning and ending dates:	Open

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): **No Preference –program operates 5 days per week**

Monday	8:00 am - 4:30 pm
Tuesday	8:00 am – 4:30 pm
Wednesday	8:00 am – 4:30 pm
Thursday	8:00 am – 4:30 pm
Friday	8:00 am – 4:30 pm

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)

Monday	None
Tuesday	None
Wednesday	None
Thursday	None
Friday	None
Total hours expected to be worked per week:	16-20
How many clients would the student have at one time?	None

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What cultural groups and language services are provided at your site?	CSOC conducts customer satisfaction surveys with our FSP/FCCS children/families. We also conduct Family Focus Groups. These projects involve interviewing individuals from a variety of cultural groups.
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	Academic Year with County Holidays off

Provide a short description of your site and services offered:

Children's System of Care (CSOC) MHSA Administration monitors and oversees the implementation of MHSA programs (i.e. Child Full Service Partnership and Child Field Capable Clinical Service programs). CSOC clinical staff conducts technical assistance site visits and client satisfaction surveys/focus groups; reviews FSP referrals/disenrollments; FSP/FCCS Customer Satisfaction Survey's and Family Focus Groups, analyzes data; and develop reports.

Students will provide services for (please check all that apply):

<input type="checkbox"/> Individuals	<input type="checkbox"/> Consultation/Liaison
<input type="checkbox"/> Groups	<input type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input type="checkbox"/> Families	<input type="checkbox"/> Community Outreach
<input checked="" type="checkbox"/> Children 0-5	<input checked="" type="checkbox"/> FSP
<input checked="" type="checkbox"/> Children & Adolescents	<input checked="" type="checkbox"/> FCCS
<input type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input type="checkbox"/> Court/Probation referred	<input type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency: None

<input type="checkbox"/> Child-Parent Psychotherapy	<input type="checkbox"/> Seeking Safety
<input type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families OverComing Under Stress	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify)

Students will provide (please check all that apply): None

<input type="checkbox"/> Brief Treatment	<input type="checkbox"/> Screening and Assessment
<input type="checkbox"/> Long – Term Treatment	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

The MHSA programs that CSOC oversees provide some of the most intensive level of services to children with SED and their families.

What specific training opportunities do students have at your agency?

CSOC coordinates trainings for our agencies that provide services to children. Students may attend some of

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the trainings depending on their interest.

What theoretical orientations will students be exposed to at this site?

Systems

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

CSOC collaborates with various systems, programs and contract providers throughout Los Angeles County on an administrative level. Examples include with Service Area Navigators, Child Contract Providers, DMH Parent Advocates, Child Welfare Division, DCFS and CSOC analyst team.

Does your agency have Peer Specialists or Service Extenders providing services? No, however CSOC staff collaborate with Service Area Parent Advocates

Yes ☐

No ☒

List locations where students will be providing services **other than agency**?

CSOC provide technical site visits to agencies that provide FSP/FCCS services to children and conduct Family Focus groups throughout LA County.

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1-2	LCSW
Group		
Individual & Group		

Do you have one or more staff, who is licensed by:

- ☒ California Board of Psychology
☒ California Board of Behavioral Sciences
☐ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

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Yes ☐ No ☒

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☐ No ☒

Students will be evaluated through (please check all that apply):

<input type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input type="checkbox"/> Report of clinical work in supervision	<input type="checkbox"/> Review of student's written clinical notes
<input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input checked="" type="checkbox"/> Other (specify): writing reports/collaboration with SA staff

Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒ No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐ No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐ No ☒ If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

Experience providing direct service to Children and Families

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐ No ☒ If yes, please specify

Please specify dates your agency accepts students : Open

Supervision will be in compliance with professional standards established by the following:

☐ APPIC ☐ AAMFT
☒ NASW ☐ Other (specify): _____

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I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☐

DMH Staff completing this form:

Name: Kanchana Tate

Title: Psychiatric Social Worker II

Supervisors: Name: Leslie Jang

Title: Mental Health Clinical Supervisor

Date of Completion:

2/17/2016